

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/701257

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

1	+					
2	1					
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14	1	0				
15		1				
16		1				
17	+					
18	+					
19	+					
20	+					
21	1					
22	1					
23		2				
24	1					
25	+					
26	+					
27	+					
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	19					
TOTAL CLAIMS	24					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.

51						
52						
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TOTAL CLAIMS						